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fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS		ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF BIRTH		County <u>Yavapai</u> State <u>Ariz</u>		State File No. <u>94</u>	
District or Township <u>Thatcher</u>		or Village <u>Thatcher</u>		Registered No. <u>103</u>	
City _____ No. _____		(If death occurred in a hospital or institution, give its NAME instead of street and number).		Ward _____	
2. FULL NAME <u>Touman Anderson Vasey</u>					
(a) Residence. No. _____		(Usual place of abode) <u>Thatcher</u> St. _____		Ward _____	
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds.		How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.			
PERSONAL AND STATISTICAL PARTICULARS					
3. SEX <u>M</u>	4. COLOR or RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. <u>Single</u> (Write the word).			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____					
6. DATE OF BIRTH (month, day and year) <u>7/3-1924</u>					
7. AGE Years <u>5</u>	Months <u>7</u>	Days <u>12</u>	IF LESS than 1 day _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>no</u> (b) General nature of industry, business or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (city or town) <u>Thatcher Ariz</u> (State or country)					
10. NAME OF FATHER <u>W. E. Vasey</u>					
11. BIRTHPLACE OF FATHER <u>Colorado</u> (city or town)					
12. MAIDEN NAME OF MOTHER <u>Maud M. Toyon</u>					
13. BIRTHPLACE OF MOTHER <u>Arizona</u> (city or town)					
14. Informant <u>W. E. Vasey</u> (Address) <u>Thatcher, Ariz</u>					
15. Filled <u>Nov-9-1929</u> <u>J. N. Sitallan</u> H.B.S. Registrar.					
MEDICAL CERTIFICATE OF DEATH					
16. DATE OF DEATH <u>10-16-1929</u> Month Day Year					
17. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ that I last saw him alive on <u>10-12-1929</u> , 19____ and that death occurred, on the date stated above, at <u>4 P.</u> m. The CAUSE OF DEATH* was as follows: <u>Smothered in wagon of cotton after injury</u> (duration) _____ yrs. _____ mos. _____ ds. CONTRIBUTORY (Secondary) <u>no</u> (duration) _____ yrs. _____ mos. _____ ds.					
18. Where was disease contracted _____ if not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? <u>as above</u> (Signed) <u>W. E. Vasey</u> , M. D. <u>10/13</u> 19 <u>29</u> (Address) <u>Thatcher</u>					
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)					
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Thatcher</u>				DATE OF BURIAL <u>10/18/29</u>	
20. UNDERTAKER <u>Acme Taylor</u>				ADDRESS <u>Thatcher</u>	